PTO/SB/30 (05-03)
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FOR
CONTINUED EXAMINATION (RCE
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Address to:

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Application Number	10/658,856			
Filing Date	September 9, 2003			
First Named Inventor	Gary R. Grotendorst			
Art Unit	1647			
Examiner Name	L. Spector			
Attorney Docket Number	FIBRO1130-3			

			Mail Stop RCE Commissioner for Patents		Exam	iner Name	L. Spector		
			P.O. Box 1450 Alexandria, VA 22313-1450		Attorn	ey Docket Number	FIBRO1130-3		
Req	uest	for C	est for Continued Examination (RCE ontinued Examination (RCE) practice under 37 C or to any design application. See Instruction She	FR 1.114 does not a	pply to	any utility or plant appli	cation filed prior to		
1.	Su	Submission required under 37 CFR 1.114							
	a. ⊠ Previously submitted i. ⊠ Consider the amendment(s)/reply under 37 C.F.R. 1.116 previously filed on: November 7, 2007 (Ary uneinteed amendment(s) referred to above will be entered). ii. □ Consider the arguments in the Appeal Brief or Reply Brief previously filed on								
	b.	i. ii.	Enclosed □ Amendment (pgs.) □ 1.132 Declaration (pgs.)	ili. iv.		Information Disclos	sure Statement (IDS)		
2.	2. Miscellaneous								
	a.		Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period ofmonths. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)						
	b.		Other						
3.	Fees The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.								
a. The Director is hereby authorized to charge \$405.00 for the RCE fee to Deposit Account No addition, the director is hereby authorized to charge any additional fees, or credit any overp Deposit Account No. 07-1896, referencing the above-identified Attorney Docket Number. Expression of time fee (37 CFR 1.17(e)) The Account No. 07-1896, referencing the above-identified Attorney Docket Number.									
		iii.	Other						
	b. c.		Check number in the total amore Payment by credit card (Form PTO-2038 en		_ is er	nclosed			
			WARNING: Information on this form be included on this form. Provide c	redit card info	matio	n and authorizati			
	w/ - 4 -	Sec. of	SIGNATURE OF APPLICA	NI, AITORNEY,		GENT REQUIRED ration No. (Attorney/Ager	0 38.347		
lame (P ignatur	e		Lisa A. Haile	le	Date	March 7, 2008	1 2012		
urden Ho ne you a	our St re red	ateme quired	nt: This form is estimated to take 0.2 hours to complete. to complete this form should be sent to the Chief Inform	Time will vary depend ation Officer, U.S. Pate	ing upon int and Ti	the needs of the individual rademark Office, Washingt	case. Any comments on the amount of on, DC 20231. DO NOT SEND FEES C		

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